



State of California-Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

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Index: Therapy

TO: CALIFORNIA CHILDREN'S SERVICES (CCS) COUNTY
ADMINISTRATORS, CHIEF/SUPERVISING THERAPISTS, MEDICAL
DIRECTORS/CONSULTANTS, STATE CHILDREN'S MEDICAL
SERVICES (CMS) BRANCH AND REGIONAL OFFICE STAFF

SUBJECT: BILLING, REIMBURSEMENT AND RECONCILIATION, FOR MTU
SERVICES PROVIDED TO HEALTHY FAMILIES (HF) SUBSCRIBERS
BY MEDICAL THERAPY UNITS (MTUs) CERTIFIED AS OUTPATIENT
REHABILITATION CENTERS (OPRC)

The purpose of this Numbered Letter is to provide counties with information regarding billing and reimbursement for CCS MTU services provided to children who are HF subscribers.

Background

CCS MTUs provide physical therapy (PT) and occupational therapy (OT) services in public schools to children with specific CCS medically eligible conditions. The course of therapy provided to many of these children is identified in their Individualized Education Plan (IEP). These services are provided at no cost to these children pursuant to the provisions of the federal Individuals with Disabilities Education Act (IDEA). Some of the children who receive these services at no cost are Healthy Families subscribers. Effective July 1, 2003, claims from CCS approved Outpatient Rehabilitation Centers (OPRC) have been automatically billed to HF for services provided to HF subscribers by Electronic Data Services (EDS) using the same mechanism that has been used for MTU Medi-Cal claims.

Requirements for Billing MTU Services to Healthy Families

In order to bill for services provided to a CCS/Healthy Families subscriber, the MTU providing the services must be approved by CCS as an OPRC in accordance with the Department of Health Services, Licensing and Certification Division, and Medi-Cal regulations.

All claims for MTU services, without regard to client program eligibility, must be billed using the guidelines identified in Numbered Letter No.: 39-1094. When billing for MTU services the following additional information must be entered on the UB-92 claim form:

- The Medi-Cal provider number in box 51 (provider number).
- The patient's social security number or Medi-Cal identification number (i.e., client index or beneficiary Identification card [BIC] number) in box 60.
- A prior authorization number consisting of ten zeros and an 8 in box 63.

The EDS claims processing system will use this information to identify the HF subscribers. (Note: These are different instructions than those for completing a claim for diagnosis, treatment, or "vendored" therapy services for HF subscribers.)

Reconciliation/Funding

The reconciliation process for payments received for MTU services billed to EDS as outlined in Numbered Letter No.: 38-1094 are no longer applicable and are superceded by the process outlined in this Numbered Letter. Beginning with the first quarter invoice of fiscal year (FY) 2003-2004, county programs must report the revenue received from EDS for payment of therapy services for Medi-Cal clients and HF subscribers on Part II, (Medical Therapy Program) of the Diagnostic, Treatment and Therapy Program Quarterly Report of Expenditures. The amount will offset the Medical Therapy Program's expenditures before a determination is made of the state and county share of costs. The CMS Branch will adjust reports already submitted to reflect this change.

The CMS Fiscal Unit will continue to prepare and send to county CCS programs a quarterly report of the MTU payments paid by EDS to the counties. The amount on the report will be the amount the CMS Fiscal Unit will use to offset the MTP expenditures incurred by the county.

If you have any questions, please contact your CMS Regional Medical Therapy Consultant.

Original signed by Maridee A. Gregory, M.D.

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